

Employee Name: Last, First, Middle Initial	

Social Security Number:	
Action Code	
Effective Date:	
/PP20 Position/Clas	sification Information
Department:	
Division:	
System Status:	
Payroll Number:	
Base Index:	
/PP21 Additional Paycos	t Assignment Information
Index/OCA 2:	
Index/OCA 2 %:	
Index/OCA 3:	
Index/OCA 3%	
Index/OCA 4:	
Index/OCA 4 %:	
Assignment Code:	
Scheduled Days Off:	
Work Location:	
Pay Location:	
Shift:	
Basic Work Week	
/PP22 Second	dary Probation
Probation Status:	
Expiration Date:	
Begin Date:	
Hours Required:	
Adjusted Accumulated Hours:	